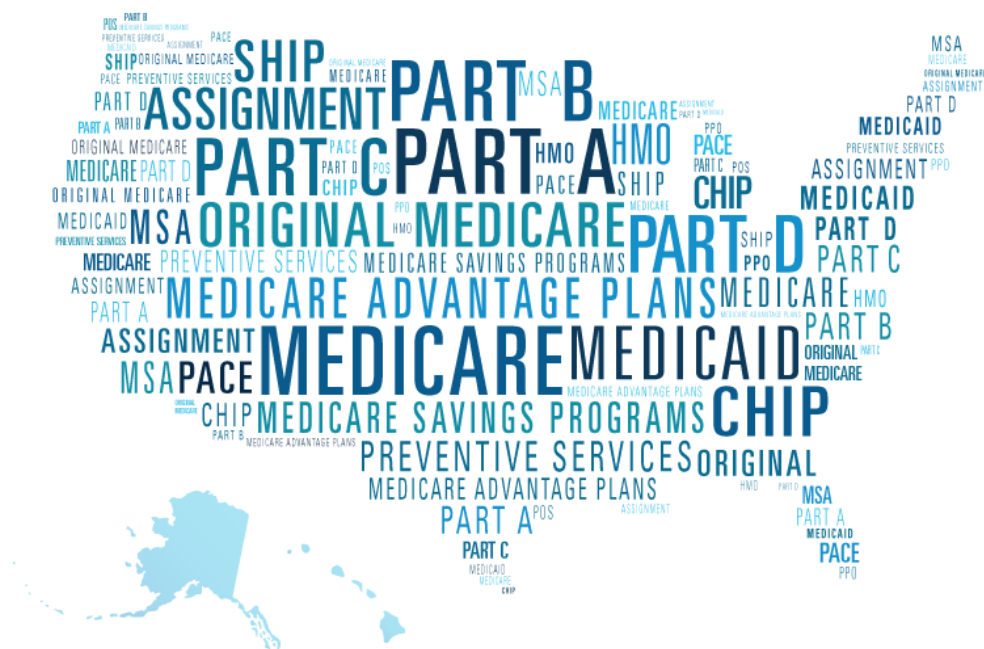


2014 National Training Program

Workbook

Module: 0

Medicare Getting Started



Centers for Medicare & Medicaid Services
National Training Program
Instructor Information Sheet
Module 0 - Getting Started

Module Description

This training module is designed to help beneficiaries have a better understanding of the Medicare program and provide the resources to help them make informed decisions.

The materials—up-to-date and ready-to-use—are designed for information givers/trainers that are familiar with the Medicare program, and would like to have prepared information for their presentations. Where applicable, updates from recent legislation are included.

Objectives

- Understand the four parts of Medicare
- Understand programs for people with limited resources
- Increase awareness of the decisions beneficiaries need to make
- Learn where to get more information

Target Audience

This module is designed for presentation to beneficiaries.

Learning Activities

This module contains 11 Check Your Knowledge questions to help participants understand the important health care decisions they need to make.

Time Considerations

The module consists of 65 PowerPoint slides with corresponding speaker's notes and quiz questions. It can be presented in 60 minutes. Allow approximately 20 more minutes for discussion, questions, and answers.

References

- The "Medicare & You Handbook" is mailed to each household with Medicare yearly in the fall. It includes the Part C and Part D plans in your area. You can view an electronic copy at medicare.gov.
- The Medicare helpline is open 24 hours a day, including weekends. Call 1-800-Medicare (1-800-633-4227). TTY users call 1-877-486-2048.

Module 0: Medicare—Getting Started

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2014 National Training Program



Medicare Getting Started

*With an Introduction to
Medicaid, the Children's
Health Insurance Program
(CHIP) and the Federally-
facilitated Health
Insurance Marketplace*

Medicare Getting Started provides an introduction to Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Federally-facilitated Health Insurance Marketplace.

The Centers for Medicare & Medicaid Services (CMS) developed and approved this training module. CMS is the federal agency that administers Medicare, Medicaid, CHIP, and the Federally-facilitated Health Insurance Marketplace. Information in this module was correct as of May 2014.

To check for an updated version of this training module, visit cms.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html.

This set of CMS National Training Program materials isn't a legal document. Official Medicare guidance is contained in the relevant statutes, regulations, and rulings.

Need more information?

"Medicare Getting Started – What You Should Know",
CMS Product No. 11389 is a quick reference for
individuals who are seeking basic information about the
Medicare program.

Visit medicare.gov/pubs/pdf/11389.pdf.



Getting Started

- Basic information about
 - Medicare
 - Medicaid
 - Children's Health Insurance Program (CHIP)
 - The Health Insurance Marketplace
- Resources to help with Medicare decisions
 - Choosing health and prescription drug coverage
 - Timing
 - To ensure coverage
 - To avoid penalties

05/01/2014

Medicare Getting Started

This training is designed to provide basic information about Medicare and other programs. It provides you with resources to help you make informed decisions.

You have choices in how you get your health and prescription drug coverage. Your decisions will affect the type of coverage you get.

The timing of your decisions can be important as well. There are certain decisions that are time sensitive to ensure coverage and avoid late enrollment penalties.

Lesson 1 – What Is Medicare?

- Health insurance for people
 - 65 and older
 - Under 65 with certain disabilities
 - Any age with End-Stage Renal Disease

05/01/2014

Medicare Getting Started

President Lyndon Johnson signed the Medicare and Medicaid programs into law on July 30, 1965. Medicaid became effective January 1, 1966, and Medicare became effective July 1, 1966. Medicare is the nation's largest health insurance program, currently covering about 52 million Americans.

Medicare is health insurance for three groups of people:

- People who are 65 and older.
- People under 65 with certain disabilities who have been entitled to Social Security disability or Railroad Retirement Board benefits for 24 months.
 - The 24-month Medicare waiting period does not apply to people disabled by Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's disease). People with ALS get Medicare the first month they are entitled to disability benefits. This provision became effective on July 1, 2001.
- People of any age who have End-Stage Renal Disease, permanent kidney failure requiring dialysis, or a kidney transplant.

Who Runs Medicare?

- Centers for Medicare & Medicaid Services Administers program
- Social Security Administration Enrolls most individuals
 - Railroad Retirement Board enrolls railroad retirees

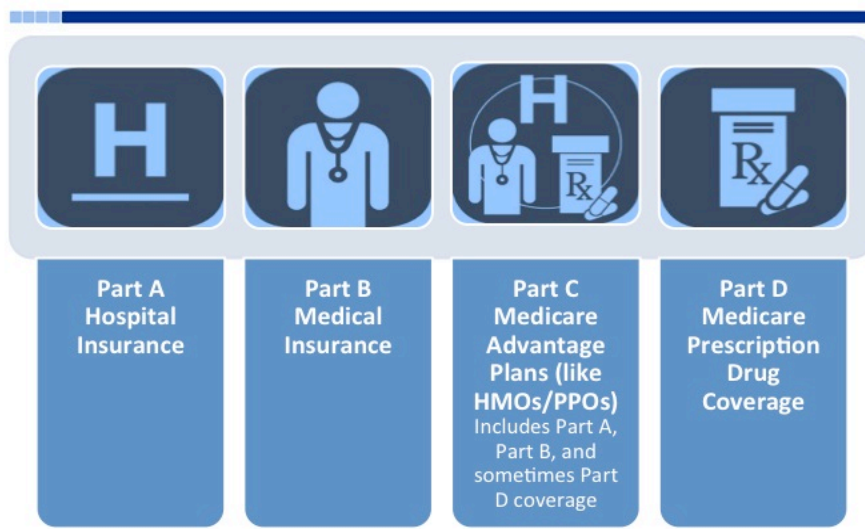
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Medicare Getting Started

The Centers for Medicare & Medicaid Services administers the Medicare program.

However, Social Security is responsible for enrolling most people in Medicare (visit [socialsecurity.gov](https://www.socialsecurity.gov)). If you're a railroad retiree, the Railroad Retirement Board will handle your enrollment (visit [rrb.gov](https://www.rrb.gov)).

The Four Parts of Medicare

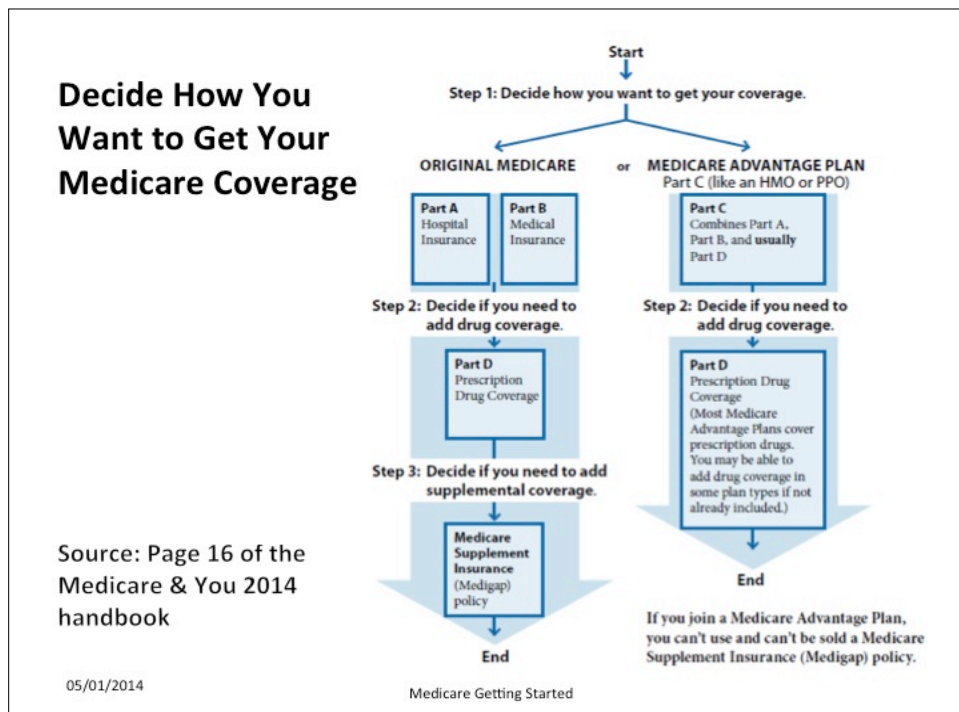


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Medicare Getting Started

Medicare covers many types of services, and you have options for how you get your Medicare coverage. Medicare has four parts:

- **Part A (Hospital Insurance)** helps pay for inpatient hospital stays, skilled nursing facility care, home health care, and hospice care.
- **Part B (Medical Insurance)** helps cover medically-necessary services like doctor visits and outpatient care. Part B also covers many preventive services (including screening tests and shots), diagnostic tests, some therapies, and durable medical equipment like wheelchairs and walkers. Together, Part A and Part B are also referred to as “Original Medicare.”
- **Part C (Medicare Advantage [MA])** is another way to get your Medicare benefits. It combines Parts A and B, and sometimes Part D (prescription drug coverage). MA Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services than Original Medicare.
- **Part D (Medicare Prescription Drug Coverage)** helps pay for outpatient prescription drugs and may help lower your prescription drug costs and protect you against higher costs in the future.



Choosing how you get your Medicare coverage is an important decision. There are two main ways you can get Medicare. There is Original Medicare and there are Medicare Advantage (MA) Plans, like Health Maintenance Organizations and Preferred Provider Organizations. Many of the decisions you need to make will depend on how you choose to get your Medicare coverage.

Original Medicare is a fee-for-service program managed by the federal government. It provides you with Medicare Part A and/or Part B benefits. You will be in Original Medicare unless you choose to join an MA Plan. About 75 percent of people with Medicare have Original Medicare. With Original Medicare, you can go to any doctor, supplier, hospital, or facility that accepts Medicare and is accepting new Medicare patients. You use your red, white, and blue Medicare card when you get health care.

MA Plans are health plan options approved by Medicare. MA Plans are offered in many areas of the country by private companies that sign a contract with Medicare. Medicare pays a set amount of money to plans each month for their members' health care. If you choose an MA Plan, you still have Medicare and you still get all the regular Medicare-covered services offered under Part A and Part B. You may also get additional benefits offered through the plan, including Medicare prescription drug coverage. However, you may have to use doctors and hospitals that belong to the plan. Benefits and cost-sharing may also be different than in Original Medicare and may vary from plan to plan. If you choose an MA Plan, your plan may give you a card to use when you get health care services and supplies.

Need more information?

The "Medicare & You Handbook", CMS Product No. 10050, includes guidelines for who is covered and how often Medicare will pay for these services:

[medicare.gov/Pubs/pdf/10050.pdf](https://www.medicare.gov/Pubs/pdf/10050.pdf).



Enrolling in Medicare

- Automatic enrollment for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period Package
 - Mailed 3 months before
 - Age 65, or
 - 25th month of disability benefits
 - Includes your Medicare card



05/01/2014

Medicare Getting Started

If you're already getting Social Security benefits (for example, getting early retirement), you'll automatically be enrolled in Medicare Part A and Part B without an additional application. You'll get your Initial Enrollment Period package, which includes your Medicare card and other information, about 3 months before you turn 65 (coverage begins the first day of the month you turn 65), or 3 months before your 25th month of disability benefits (coverage begins your 25th month of disability benefits).

If you're not getting retirement benefits from Social Security or Railroad Retirement Board (RRB), you must sign up to get Medicare. We'll talk about the periods when you can enroll later.

NOTE: If you live in Puerto Rico and get benefits from Social Security or RRB, you'll automatically get Part A the first day of the month you turn 65, or after you get disability benefits for 24 months. However, if you want Part B, you'll need to sign up for it. If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B. Contact your local Social Security office or RRB for more information.

Need more information?


"Welcome to Medicare", CMS Product No. 11095 is pictured on this slide. It is part of the Initial Enrollment Period package and can be found at medicare.gov/Pubs/pdf/11095.pdf.



Medicare Card


- Keep it and accept Medicare Part A and Part B
- Return it to refuse Part B
 - Follow instructions on back of card

Front



05/01/2014

Back



Medicare Getting Started

When you have Original Medicare, you use your red, white, and blue Medicare card when you get health care services. The Medicare card shows the type of Medicare coverage (Part A and/or Part B) you have and the date the coverage started. Your card may look slightly different from this one; it's still valid.

The Medicare card also shows your Medicare claim number. For most people, the claim number has nine numerals and one letter. There also may be a number or another letter after the first letter. The nine numerals show which Social Security record your Medicare is based on. The letter or letters and numbers tell how you're related to the person with that record. For example, if you get Medicare on your own Social Security record, you might have the letter "A," "T," or "M" depending on whether you get both Medicare and Social Security benefits or Medicare only. If you get Medicare on your spouse's record, the letter might be a "B" or a "D." For railroad retirees, there are numbers and letters in front of the Social Security number. These letters and numbers have nothing to do with having Medicare Part A or Part B. You should contact Social Security (or the Railroad Retirement Board, if you receive railroad retirement benefits) if any information on the card is incorrect.

If you don't want Part B, follow the directions and return the card. We will talk more about why you might want to delay taking Part B. If you choose a Medicare Advantage Plan, your plan may give you a card to use when you get health care services and supplies.

How and When to Enroll in Medicare

- If enrollment isn't automatic
 - For instance, you're still actively working
 - You need to enroll with Social Security
 - Visit your local office
 - Call 1-800-772-1213
 - Visit socialsecurity.gov
 - If retired from Railroad, enroll with Railroad Retirement Board (RRB)
 - Call your local RRB office or 1-877-772-5772

05/01/2014

Medicare Getting Started

If you aren't getting Social Security or Railroad Retirement Board (RRB) benefits (for instance, because you're still working), you'll need to sign up for Part A (even if you're eligible to get it premium free). You should contact Social Security to apply for Medicare 3 months before you turn 65. If you worked for a railroad, contact RRB to sign up.

You don't have to be retired to get Medicare. The full retirement age for Social Security retirement benefits is now 66 (for persons born between 1943 and 1954) and will gradually increase to 67 for persons born in 1960 or later. However, you can still receive full Medicare benefits at 65.

When to Enroll in Medicare

- You don't have to be retired
- Your Initial Enrollment Period lasts 7 months
 - Begins 3 months before your 65th birthday
 - Includes the month you turn 65
 - Ends 3 months after you turn 65
- There are other times you may enroll
 - But you may pay a penalty if you delay

05/01/2014

Medicare Getting Started

If you're not automatically enrolled, you can choose to sign up for Part B during your Initial Enrollment Period (IEP).

You can sign up for Part B any time during your 7-month IEP that begins 3 months before the month you become eligible for Medicare. You can choose whether or not to enroll in Part B. If you enroll in Part B, you pay a monthly premium.

Sign up during the first 3 months of your IEP to get your Part B coverage effective the month you turn 65. If you wait to sign up until the last 4 months of your IEP, your Part B start date will be delayed.

There are other times you may enroll, but you may have to pay a penalty if you delay.

NOTE: If your birthday is the first day of the month, your coverage will start the first day of the prior month if you apply within the first 2 months of your IEP.

Check Your Knowledge—Question 1



Which agencies are responsible for Medicare enrollment?

- a. The Centers for Medicare & Medicaid Services and the Social Security Administration (SSA)
- b. U.S. Department of Veterans Affairs (VA) and the Railroad Retirement Board (RRB)
- c. U.S. Department of Veterans Affairs (VA) and the Social Security Administration (SSA)
- d. The Social Security Administration (SSA) and Railroad Retirement Board (RRB)



Refer to page 66 to check your answers.

Check Your Knowledge—Question 2



There are four parts of Medicare. Match the part to the appropriate description.

- a. Part A
- b. Part B
- c. Part C
- d. Part D



_____ Medicare Prescription Drug Coverage

_____ Hospital Insurance

_____ Medical Insurance

_____ Medicare Advantage Plans



Refer to page 66 to check your answers.

Lesson 2 – Medicare Decisions

- Original Medicare or Medicare Advantage?
- Should I take Part B? When?
- What about Part D?
- Do I need a Medigap policy?



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Medicare Getting Started

There are some decisions you'll need to make about your Medicare coverage, including the following:

- Do I want Original Medicare or a Medicare Advantage Plan?
- Should I take Part B? When?
- What about Part D?
- Do I need a Medigap policy?

Original Medicare

- Part A – Hospital Insurance helps cover

- Inpatient hospital care
- Skilled nursing facility care
- Home health care
- Hospice care



- Part B – Medical Insurance helps cover

- Doctors' services
- Outpatient medical & surgical services, supplies
- Clinical lab tests
- Durable medical equipment
- Preventive services



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Medicare Getting Started

Medicare Part A (Hospital Insurance) helps pay for medically-necessary inpatient services.

- **Hospital inpatient care** - Semi-private room, meals, general nursing, other hospital services and supplies, as well as care in inpatient rehabilitation facilities and inpatient mental health care in a psychiatric hospital (lifetime 190-day limit).
- **Skilled nursing facility care** - (not custodial or long-term care) under certain conditions.
- **Home health care** - A doctor, or certain health care providers who work with the doctor, must see you face-to-face to certify that you need home health services. You must be homebound, which means that leaving home is a major effort.
- **Hospice care** - Your doctor must certify that you're expected to live 6 months or less. Coverage includes drugs for pain relief and symptom management; medical, nursing, and social services; as well as services Medicare usually doesn't cover, such as grief counseling.
- **Blood** - In most cases, if you need blood as an inpatient, you won't have to pay or replace it.

Medicare Part B (Medical Insurance) covers medically-necessary outpatient services and supplies.

- **Doctors' services** - Services that are medically-necessary.
- **Outpatient medical and surgical services and supplies** - For approved procedures like X-rays or stitches.
- **Clinical laboratory services** - Blood tests, urinalysis, and some screening tests.
- **Durable medical equipment** - like walkers and wheelchairs.
- **Preventive services** - like exams, tests, screening and shots to prevent, find, or manage a medical problem.

NOTE: Medicare doesn't pay for your hospital or medical bills if you're not lawfully present in the United States.

Paying for Medicare Part A (Hospital Insurance)

- What does Part A cost?
 - Most people get Part A premium free
 - If you or your spouse paid Federal Insurance Contributions Act (FICA) taxes at least 10 years
 - If you paid FICA less than 10 years
 - You can pay a premium to get Part A
 - You may have a penalty
 - If not bought when first eligible

05/01/2014

Medicare Getting Started

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working. This is sometimes called premium-free Part A.

If you aren't eligible for premium-free Part A, you may be able to buy Part A if:

- You're 65 or older, and you have (or are enrolling in) Part B and meet the citizenship and residency requirements.
- You're under 65, disabled, and your premium-free Part A coverage ended because you returned to work. If you're under 65 and disabled, you can continue to get premium-free Part A for up to 8½ years after you return to work.

In most cases, if you choose to buy Part A, you must also have Part B and pay monthly premiums for both. The amount of the premium depends on how long you or your spouse worked in Medicare-covered employment.

In 2014, the Part A premium for a person who has worked less than 30 quarters of Medicare-covered employment is \$426 per month. The premium for a person who has worked 30-39 quarters is 45 percent of that amount, or \$234 per month. Social Security determines if you have to pay a monthly premium for Part A.

If you aren't eligible for premium-free Part A, and you don't buy it when you're first eligible, your monthly premium may go up 10 percent. You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up.

Need more information?

If you have limited income and resources, your state may help you pay for Part A and/or Part B. Call Social Security at 1-800-772-1213 for more information about the Part A premium. TTY users should call 1-800-325-0778.



What You Pay for Inpatient Hospital Stays

For each benefit period in 2014	You pay
Days 1-60	\$1,216 deductible
Days 61-90	\$304 per day
Days 91-150	\$608 per day (60 lifetime reserve days)
All days after 150	All Costs

05/01/2014

Medicare Getting Started

Under Medicare Part A, you will be responsible for certain costs, whether or not you are paying a Part A monthly premium.

A benefit period is the way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in an SNF) for 60 days in a row. If you go into a hospital or an SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

For each benefit period in 2014, you pay \$1,216 deductible for a hospital stay of 1-60 days, \$304 per day for days 61-90 of a hospital stay, and \$608 per day for days 91-150 of a hospital stay (Lifetime Reserve Days). Original Medicare will pay for a total of 60 extra days—called "lifetime reserve days"—when you're in a hospital more than 90 days during a benefit period. Once these 60 reserve days are used, you don't get any more extra days during your lifetime. You pay all costs for each day beyond 150 days.

Your hospital status—whether you're an inpatient or an outpatient—affects how much you pay for hospital services (like X-rays, drugs, and lab tests) and may also affect whether Medicare will cover care you get in an SNF. Your inpatient stay begins on the day you're formally admitted to the hospital with a doctor's order. That's your first inpatient day. The day before you're discharged is your last inpatient day (the day of discharge doesn't count as an inpatient day.) You're an outpatient if you're getting emergency department services, observation services, outpatient surgery, lab tests, or X-rays, and the doctor hasn't written an order to admit you to the hospital as an inpatient. In these cases, you're an outpatient even if you stay in the hospital overnight in a regular hospital bed. If you're in the hospital more than a few hours, you or a family member should always ask your doctor or the hospital staff if you're an inpatient or an outpatient.

What You Pay for Skilled Nursing Facility Care

For each benefit period in 2014	You pay
Days 1-20	\$0
Days 21-100	\$152 per day
All days after 100	All Costs

05/01/2014

Medicare Getting Started

Medicare covers semi-private rooms, meals, skilled nursing and rehabilitative services, and other medically-necessary services and supplies after a 3-day minimum medically-necessary inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day you're formally admitted with a doctor's order and doesn't include the day you're discharged. To qualify for care in a skilled nursing facility (SNF), your doctor must certify that you need daily skilled care like intravenous injections or physical therapy. You can qualify for skilled nursing care again every time you have a new benefit period.

SNF care is covered in full for the first 20 days when you meet the requirements for a Medicare-covered stay. In 2014, under Original Medicare, you pay \$152 per day for days 21–100 each benefit period. You pay all costs for each day after day 100 in a benefit period.

Need more information?

For more information about Medicare hospital inpatient/outpatient status, please see Medicare Fact Sheet: "Are You a Hospital Inpatient or Outpatient?" at medicare.gov/pubs/pdf/11435.pdf.



Decision: Do I need to sign up for Part A?

- Consider Maybe
 - You get it automatically if getting Social Security/Railroad Retirement Board
 - It's premium free for most people
 - You can pay for it if work history isn't sufficient
 - There may be a penalty if you delay
 - If you/your spouse is actively working and covered by employer plan
 - Contact Social Security to sign up
- Maybe not if you have a Health Savings Account

05/01/2014

Medicare Getting Started

If you don't get Part A automatically, you should consider signing up for Part A if you're eligible to get it premium free. You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working. If you aren't eligible for premium-free Part A, you may be able to buy Part A if:

- You're 65 or older, and you have (or are enrolling in) Part B and meet the citizenship and residency requirements.
- You're under 65, disabled, and your premium-free Part A coverage ended because you returned to work.

If you aren't eligible for premium-free Part A, and you don't buy it when you're first eligible, your monthly premium may go up 10 percent. You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up. The 10 percent premium surcharge will apply only after 12 months have elapsed from the last day of the Initial Enrollment Period to the last date of the enrollment period you used to enroll. In other words, if it is less than 12 months, the penalty won't apply. This penalty won't apply to you if you're eligible for a Special Enrollment Period (SEP). You're eligible for an SEP if you or your spouse (or family member if you're disabled) is working, and covered by a group health plan through the employer or union based on that work, or during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first.

You may want to delay enrolling in Part A if you continue to work and want to continue to contribute to your Health Savings Account (HSA). Once you enroll in Medicare you can no longer contribute to your HSA.



Need more information?

See IRS Publication 969 for more information at [irs.gov/pub/irs-pdf/p969.pdf](https://www.irs.gov/pub/irs-pdf/p969.pdf).

Monthly Part B Premium

If your yearly income in 2012 was		In 2014, each month you pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$104.90
\$85,000.01 – \$107,000	\$170,000.01 – \$214,000	\$146.90
\$107,000.01 – \$160,000	\$214,000.01 – \$320,000	\$209.80
\$160,000.01 – \$214,000	\$320,000.01 – \$428,000	\$272.70
Above \$214,000	Above \$428,000	\$335.70

Note: Premiums are usually deducted from your Social Security benefit payment

05/01/2014

Medicare Getting Started

You pay the Part B premium each month. Most people will pay the standard premium amount, which is \$104.90 in 2014. However, if your modified adjusted gross income as reported on your Internal Revenue Service (IRS) tax return from 2 years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain amount, you may pay more. The payment required of those individuals who have a higher yearly income is known as an “Income-Related Monthly Adjustment Amount.” Below are the 2014 Part B premiums based on the modified adjusted gross income for an individual. The income ranges for joint returns are double that of individual returns.

- \$85,000 or less, the Part B premium is \$104.90 per month
- \$85,000.01 - \$107,000, the Part B premium is \$146.90 per month
- \$107,000.01 - \$160,000, the Part B premium is \$209.80 per month
- \$160,000.01 - \$214,000, the Part B premium is \$272.70 per month
- Above \$214,000, the Part B premium is \$335.70 per month

If you have to pay a higher amount for your Part B premium and you disagree (for example, if your income goes down), call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

NOTE: Remember that this premium may be higher if you didn’t choose Part B when you first became eligible. The cost of Part B may go up 10 percent for each 12-month period that you could have had Part B but didn’t take it. An exception would be if you or your spouse (or family member if you’re disabled) is still employed and you’re covered by a group health plan through that employment. In that case, you’re eligible to enroll in Part B during a Special Enrollment Period. You won’t pay a penalty.

Paying for Medicare Part B (Medical Insurance)

- In Original Medicare you pay
 - Yearly deductible of \$147 in 2014
 - 20 percent coinsurance for most services
- Programs may help pay these costs
 - If you have limited income and resources

05/01/2014

Medicare Getting Started

If you have Original Medicare, you pay the Part B deductible, which is the amount a person must pay for health care each calendar year before Medicare begins to pay. This amount can change every year in January. The 2014 Part B deductible is \$147 per year. This means that you must pay the first \$147 of your Medicare-approved medical bills in 2014 before Part B starts to pay for your care.

After you meet your deductible, you pay some copayments, or coinsurance for Part B services. The amount depends on the service, but is typically 20 percent of the Medicare-approved amount of the service, if the doctor or other health care provider accepts assignment. "Assignment" means that your doctor, provider, or supplier agrees (or is required by law) to accept the Medicare-approved amount as full payment for covered services. There's no yearly limit for what you pay out of pocket.

If you can't afford to pay these costs, there are programs that may help. These programs are discussed later in this presentation.

NOTE: You pay nothing for most preventive services if you get the services from a doctor or other qualified health care provider who accepts assignment. However, for some preventive services, you may have to pay a deductible, coinsurance, or both.

Need more information?

If you have limited income and resources, your state may help you pay for Part A and/or Part B. Call Social Security at 1-800-772-1213 for more information about the Part A premium.

TTY users should call 1-800-325-0778.



Decision: Should I keep/sign up for Part B?

■ Consider

It Depends

- Automatic if getting Social Security Administration (SSA)/Railroad Retirement Board (RRB) benefits
- Most people pay a monthly premium
 - Usually deducted from SSA/RRB benefits
 - Amount depends on income
- It may supplement employer coverage

05/01/2014

Medicare Getting Started

If you're already getting Social Security benefits (for example, getting early retirement), you'll automatically be enrolled in Medicare Part A and Part B without an additional application. You'll get your Initial Enrollment Period package, which includes your Medicare card and other information, about 3 months before you turn 65 (coverage begins the first day of the month you turn 65), or 3 months before your 25th month of disability benefits (coverage begins your 25th month of disability benefits).

The Part B premium is deducted from monthly Social Security, Railroad Retirement, or federal retirement payments. The amount depends on your income.

People who don't get a retirement payment or whose payment isn't enough to cover the premium get a bill from Medicare for their Part B premiums. The bill can be paid by credit card, check, or money order.

Having employer or union coverage while you or your spouse (or family member if you're disabled) is still working can affect your Part B enrollment rights. This includes federal or state employment, but not military service. You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment.

NOTE: To get Part A and/or Part B, you must be a U.S. citizen or lawfully present in the United States.

TIP: If you live in Puerto Rico, please refer to the section in this presentation entitled "Enrolling in Medicare" for further details about enrollment requirements.

Should I keep/sign up for Part B?

- Sometimes you must have Part B
 - If you want to buy a Medigap policy
 - If you want to join a Medicare Advantage Plan
 - If you're eligible for TRICARE
 - If your employer coverage requires you have it
 - Talk to your employer's or union benefits administrator
- With Veterans benefits it's optional
 - But you pay a penalty if you sign up late or if you don't sign up during your Initial Enrollment Period

05/01/2014

Medicare Getting Started

Sometimes you must have Part B

- If you want to buy a Medigap (Medicare Supplement Insurance) policy
- If you want to join a Medicare Advantage Plan
- If you're eligible for TRICARE*
- If your employer coverage requires you or your spouse/family member to have it (talk to your employer's or union benefits administrator)

With Veterans' benefits, it's optional to enroll in Part B, but you pay a penalty if you sign up late or if you don't sign up during your Initial Enrollment Period (va.gov).

*You must have Part A and Part B to keep your TRICARE coverage (coverage for active-duty military or retirees and their families). However, if you're an active-duty service member, or the spouse or dependent child of an active-duty service member, you don't have to enroll in Part B to keep your TRICARE coverage. When the active-duty service member retires, you must enroll in Part B to keep your TRICARE coverage. You can get Part B during a Special Enrollment Period if you have Medicare because you're 65 or older, or you're disabled (visit tricare.mil/mybenefit for more information).

Decision: Should I keep/sign up for Part B?

- If you don't have coverage from active employment **Probably**
 - Delaying Part B may mean
 - Higher premiums
 - Paying for your health care out of pocket
- If you do have coverage through active employment **Maybe Not**
 - You may want to delay Part B
 - No penalty if you enroll while you have coverage or within 8 months of losing coverage

05/01/2014

Medicare Getting Started

If you don't take Part B when you're first eligible, you may have to wait to sign up during the annual General Enrollment Period, which runs from January 1 through March 31 of each year. Your coverage will be effective July 1 of that year.

If you don't take Part B when you're first eligible, you'll have to pay a premium penalty of 10 percent for each full 12-month period you could have had Part B but didn't sign up for it, except in special situations. In most cases, you'll have to pay this penalty for as long as you have Part B.

Having coverage through an employer (including federal or state employment, but not military service) or union while you or your spouse (or family member if you're disabled) is still working can affect your Part B enrollment rights. If you or your spouse is covered through active employment, you have a Special Enrollment Period (SEP). This means you can join Part B any time that you or your spouse (or family member if you're disabled) is working and covered by a group health plan through the employer or union based on that work, or during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first. Usually, you don't pay a late enrollment penalty if you sign up during an SEP. This SEP doesn't apply to people with End-Stage Renal Disease.

You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment.

Check Your Knowledge—Question 3



Which is **not** covered under Medicare Part B?

- a. Durable medical equipment
- b. Skilled nursing facility care
- c. Doctor's visits
- d. Preventive services



Refer to page 66 to check your answers.

Check Your Knowledge—Question 4



Everyone who gets Part B pays the same monthly premium.

- a. True
- b. False



Refer to page 66 to check your answers.

Lesson 3 – Part C – Medicare Advantage

- Health plan options approved by Medicare
 - Another way to get Medicare coverage
 - Still part of the Medicare program
 - Run by private companies
- Medicare pays plan an amount
 - For each member's care
- May have to use network doctors or hospitals
- Types of plans available may vary

05/01/2014

Medicare Getting Started

Medicare Advantage (MA) Plans (also called Part C) are health plan options approved by Medicare and run by private companies. MA Plans are part of the Medicare program; they're just another way to get Medicare coverage. Medicare pays the plan a certain amount for each member's care. If you join an MA Plan, you may have to use a network* of doctors and/or hospitals. There are six main types of MA Plans. Not all types of plans are available in all areas:

- Medicare Health Maintenance Organization (HMO) Plans - You get your care and services from doctors or hospitals in the plan's network. If you get care outside the plan network, you may have to pay the full cost.
- Medicare Preferred Provider Organization (PPO) Plans - You have a network of doctors and hospitals, but with a PPO plan, you can also use out-of-network providers for covered services, usually for a higher cost.
- Medicare Private Fee-for-Service (PFFS) Plans - You can go to any Medicare-approved doctor or hospital that accepts the plan's payment terms and agrees to treat you. If you join a PFFS Plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. You can also choose an out-of-network doctor, hospital, or other provider who accepts the plan's terms, but you may pay more.
- Medicare Special Needs Plans (SNP) - SNP Plans are designed to provide focused care management, special expertise of the plan's providers, and benefits tailored to enrollee conditions. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network.
- HMO Point-of-Service (POS) Plans - In some HMO Plans, you may be able to go out of network for certain services, usually for a higher cost. This is called an HMO with a POS option.
- Medicare Medical Savings Account Plans - Plans that combine a high-deductible health plan with a bank account. Medicare deposits money into the account, and you use the money to pay for your health care services.

*Network - The facilities, providers, and suppliers your plan has contracted with to provide health care

How Medicare Advantage Works

- Still in Medicare with all rights and protections
- Still get Part A and Part B services
- May include prescription drug coverage
- May include extra benefits
 - Like vision or dental
- Benefits and cost-sharing may be different

05/01/2014

Medicare Getting Started

If you join a Medicare Advantage (MA) Plan, you

- Are still in Medicare with all rights and protections
- Still get Part A and Part B covered services (must have both Part A and Part B to join an MA Plan)
- May have prescription drug coverage included
- May get extra benefits like vision or dental
- Pay different amounts and may have different benefits

When & How Can I Enroll in a Medicare Advantage Plan?

- During your 7-month Initial Enrollment Period
- During the yearly Open Enrollment Period
 - October 15 – December 7 each year
 - Coverage begins January 1
- May be able to join at other times
 - Special Enrollment Period
- Contact the plan to join
 - Call their number
 - Visit their website
 - Use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov)

05/01/2014

Medicare Getting Started

You can join a Medicare Advantage (MA) Plan when you first become eligible for Medicare, during your Initial Enrollment Period, which begins 3 months immediately before your first entitlement to both Medicare Part A and Part B, or during the yearly Open Enrollment Period, and in certain special situations that provide a Special Enrollment Period. You can only join one MA Plan at a time, and enrollment in a plan is generally for a calendar year.

You can switch to another MA Plan or to Original Medicare during the annual Open Enrollment Period, which runs from October 15 through December 7 each year.

If you belong to an MA plan, you can switch back to Original Medicare from January 1 through February 14 each year. If you go back to Original Medicare during this time, coverage under Original Medicare will take effect on the first day of the month following the date on which the election or change was made. If you make this change you may also join a Medicare Prescription Drug Plan to add drug coverage. Coverage begins the first of the month after the plan receives the enrollment form.

Need more information?

To find out what MA Plans are available in your area, visit [medicare.gov/find-a-plan/questions/home.aspx](https://www.medicare.gov/find-a-plan/questions/home.aspx) to use the Medicare Plan Finder, or call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.



Decision: Should I Join a Medicare Advantage Plan?

It Depends

- Consider
 - You must have Part A and Part B to join
 - You must live in the service area of the plan
 - You generally can't have End-Stage Renal Disease
 - Most offer comprehensive coverage
 - Including Part D prescription drug coverage
 - May require you to use a network
 - May need a referral to see a specialist
 - You must pay Part B and monthly plan premium
 - Can only join/leave plan during certain periods
 - Doesn't work with Medigap policies

05/01/2014

Medicare Getting Started

There are things to consider when deciding if you want to join a Medicare Advantage Plan:

- Must have Part A and Part B to join
- You must live in the plan's geographic service area or continuation area
- You generally can't have End-Stage Renal Disease (with some exceptions)
- Most plans offer comprehensive coverage
 - Including Part D prescription drug coverage
- May require you to use a network
- May need a referral to see a specialist
- You must pay Part B premium and monthly plan premium
- Can only join/leave plan during certain periods
- Doesn't work with Medigap policies

Check Your Knowledge—Question 5



When can you enroll in a Medicare Advantage Plan?

- a. During your 7-month Initial Enrollment Period
- b. During an Open Enrollment Period
- c. During a Special Enrollment Period if you qualify
- d. All of the above
- e. None of the above



Refer to page 67 to check your answers.

Check Your Knowledge—Question 6



If you enroll in a Medicare Advantage Plan, you are no longer considered to be in the Medicare program.

- a. True
- b. False



Refer to page 67 to check your answers.

Lesson 4 - Part D – Medicare Prescription Drug Coverage

- Available for all people with Medicare
- Provided through
 - Medicare Prescription Drug Plans
 - Medicare Advantage Plans
 - Some other Medicare health plans

05/01/2014

Medicare Getting Started

Medicare Part D is Medicare Prescription Drug Coverage. Part D coverage is provided through Medicare Prescription Drug Plans, Medicare Advantage (MA) Plans with Medicare prescription drug coverage, and some other types of Medicare health plans such as Medicare Cost Plans and Programs of All-Inclusive Care for the Elderly (PACE).

Other types of Medicare health plans that provide health care coverage aren't MA Plans, but are still part of Medicare, such as Medicare Cost Plans and PACE. Some of these plans provide Medicare Part A and Part B coverage, while most others provide only Part B coverage. Some also provide Part D. These plans have some of the same rules as MA Plans. However, each type of plan has special rules and exceptions, so you should contact any plans you're interested in to get more details.

How Medicare Part D Works

- It's optional
 - You can choose a plan and join
- Plans have formularies
 - Lists of covered drugs
 - Must include range of drugs in each category
- You pay the plan a monthly premium
- You pay deductibles and copayments
- There is Extra Help to pay Part D costs
 - If you have limited income and resources

05/01/2014

Medicare Getting Started

Medicare contracts with private insurance companies that offer prescription drug plans to people with Medicare. Everyone with Medicare can get Medicare prescription drug coverage by enrolling in a Medicare drug plan or a Medicare Advantage Plan (with prescription drug coverage).

Each plan has a formulary, or list of covered drugs. The formulary for each plan must include a range of drugs in the most commonly prescribed categories. This makes sure that people with different medical conditions can get the treatment they need. All Medicare drug plans generally must cover at least two drugs in each category of drugs, but plans can choose which specific drugs are covered in each category.

Costs vary depending on the plan. Most people will pay a monthly premium for Medicare prescription drug coverage. You will also pay a share of the cost of your prescriptions, including a deductible (if the plan has one), copayments, and/or coinsurance. All Medicare drug plans have to provide at least a standard level of coverage set by Medicare. However, some plans might offer more coverage and additional drugs, generally for a higher monthly premium.

If you have Medicare prescription drug coverage (Part D) and a higher yearly income, you might also have to pay Part D Income-Related Monthly Adjustment Amount. If you have to pay this extra amount for Medicare Part D, you'll be billed monthly.

People with limited income and resources may be able to get Extra Help paying for their Medicare drug plan costs. "Extra Help" is discussed in further detail in the section of this presentation entitled: "Help for People With Limited Income and Resources."

Who Can Join Part D?

- You must have Part A and/or Part B
- You must live in the plan's service area
- You can't live outside the United States
- You can't be incarcerated
- You must actively enroll to join
 - In most cases no automatic enrollment

05/01/2014

Medicare Getting Started

Anyone who has Medicare Part A and/or Part B is eligible to join a Medicare drug plan.

You must live in the plan's service area to enroll.

You can't live outside the United States or be incarcerated.

In most cases, you must enroll in the plan yourself by applying. Some people with limited income and resources are automatically enrolled. This will be discussed in more detail later in the presentation.

When Can I Enroll in a Part D Plan?

- During your 7-month Initial Enrollment Period
- During the yearly Open Enrollment Period
 - October 15 – December 7 each year
 - Coverage begins January 1
- May be able to join at other times
 - Special Enrollment Period

05/01/2014

Medicare Getting Started

You can join a Medicare drug plan when you first become eligible for Medicare, during your Initial Enrollment Period, which begins 3 months immediately before your first entitlement to both Medicare Part A and Part B.

Each year the Open Enrollment Period is between October 15–December 7. Any eligible person can join, switch, or drop a Medicare drug plan at this time. The change will take effect on January 1 as long as the plan gets your request by December 7.

You generally must stay enrolled for the calendar year. However, in certain situations you may be eligible for a Special Enrollment Period (SEP), which may allow you to join, switch, or drop Medicare drug plans:

- If you permanently move out of your plan's service area
- If you lose your other creditable prescription drug coverage ("creditable" means coverage that is considered at least as good as Medicare prescription drug coverage)
- If you weren't adequately informed that your other coverage wasn't creditable, or that the coverage was reduced so that it's no longer creditable
- When you enter, live at, or leave a long-term care facility like a nursing home
- If you qualify for Extra Help (you have a continuous SEP and can change your Medicare drug plan at any time)
- Or in exceptional circumstances, such as if you no longer qualify for Extra Help

Choosing a Part D Plan

- Compare plans by computer or phone
 - Use the Medicare Plan Finder at medicare.gov
 - Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)
 - Contact your State Health Insurance Assistance Program for help comparing plans
- To join a Part D Plan
 - Enroll at medicare.gov
 - Call 1-800-MEDICARE
 - Enroll on the plan's website
 - Call the plan
 - Complete a paper enrollment form

05/01/2014

Medicare Getting Started

There is help available to find the Medicare drug plan for you. You can use the Medicare Plan Finder at medicare.gov/find-a-plan, call 1-800-MEDICARE (1-800-633-4227), or contact your State Health Insurance Assistance Program (SHIP) for free counseling to help you compare Medicare drug plans.

NOTE: 1-800-MEDICARE and medicare.gov/contacts can provide SHIP contact information nationwide.

After you pick a plan that meets your needs, call the company offering it, and ask how to join. All plans must offer paper enrollment applications. Also, plans may let you enroll through their website or over the phone. Most plans also participate and offer enrollment through Medicare's website. You can also call Medicare to enroll at 1-800-MEDICARE. TTY users should call 1-877-486-2048.

Plans must process applications in a timely manner, and after you apply, the plan must notify you that it has accepted or denied your application.

Decision: Should I Enroll in a Part D plan?

- Consider It Depends
 - Do you have creditable drug coverage?
 - Coverage as good as Medicare's
 - For example, through an employer plan
 - No penalty if you delay
 - Will that coverage end when you retire?
 - How much do your current drugs cost?
 - What do the premiums cost for Part D plans?
- Without creditable coverage
 - Later enrollment may mean you pay a penalty

05/01/2014

Medicare Getting Started

People who have another source of drug coverage, through a former employer, for example, may choose to stay in that plan and not enroll in a Medicare drug plan. If your other coverage is at least as good as Medicare prescription drug coverage, called “creditable” coverage, you won’t have to pay a higher premium if you later join a Medicare drug plan. Your other plan will notify you to let you know if your coverage is creditable. This notice will explain your options. You can contact your plan’s benefits administrator for more information. Some examples of coverage that may be considered creditable include group health plans, State Pharmaceutical Assistance Programs, U.S. Department of Veterans Affairs coverage, and military coverage, including TRICARE.

Even if you don’t take many prescriptions now, you should consider joining a Medicare drug plan. If you decide not to join a Medicare drug plan when you’re first eligible, and you don’t have other creditable prescription drug coverage, or you don’t get Extra Help, you’ll likely pay a late enrollment penalty if you join a plan later.

The cost of the late enrollment penalty depends on how long you didn’t have creditable prescription drug coverage. Currently, the late enrollment penalty is calculated by multiplying 1 percent of the national base beneficiary premium (\$32.42 in 2014) times the number of full, uncovered months that you were eligible but didn’t join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest \$.10 and added to your monthly premium. Since the national base beneficiary premium may increase each year, the penalty amount may also increase each year. You may have to pay this penalty for as long as you have a Medicare drug plan.

Check Your Knowledge—Question 7



You will automatically be enrolled in Medicare Part D when you turn 65.

- a. True
- b. False



Refer to page 67 to check your answers.

Check Your Knowledge—Question 8



Where can you get help finding a Medicare Prescription Drug Plan?

Select the answer that does NOT apply.

- a. Call Social Security
- b. Call your State Health Insurance Assistance Program (SHIP)
- c. Use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov)
- d. Call 1-800-MEDICARE



Refer to page 67 to check your answers.

Lesson 5 – What Is a Medigap Policy?

- Medicare Supplement Insurance Policies
 - Sold by private companies
- Fills gaps in Original Medicare
 - Deductibles, coinsurance, copayments
- All plans with same letter
 - Have same coverage
 - Only costs are different

05/01/2014

Medicare Getting Started

Now let's talk about one way to help address some of the costs associated with Original Medicare coverage. A Medigap policy is health insurance sold by private insurance companies to fill gaps in Original Medicare coverage. Medigap policies can help pay your share (coinsurance, copayments, or deductibles) of the costs of Medicare-covered services. Some Medigap policies also cover certain benefits Original Medicare doesn't cover. Medigap policies don't cover your share of the costs under other types of health coverage, including Medicare Advantage (MA) Plans, stand-alone Medicare Prescription Drug Plans, employer/union group health coverage, Medicaid, U.S. Department of Veterans Affairs benefits, or TRICARE. Insurance companies generally can't sell you a Medigap policy if you have coverage through Medicaid or an MA Plan.

In all states except Massachusetts, Minnesota, and Wisconsin, Medigap policies must be one of the standardized Plans A, B, C, D, F, G, K, L, M, or N so they can be easily compared. Each plan has a set of benefits that are the same for any insurance company. It's important to compare Medigap policies, because costs can vary. Each company decides which Medigap policies it will sell and the price for each plan, with state review and approval.

Need more information?

"Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare", CMS Product No. 02110 is a guide if you're thinking about buying a Medigap Policy or already have one.

Visit [medicare.gov/Pubs/pdf/02110.pdf](https://www.medicare.gov/Pubs/pdf/02110.pdf).



Medigap Plan Types

Benefits	Medicare Supplement Insurance (Medigap) Plans									
	A	B	C	D	F*	G	K**	L**	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B deductible			100%		100%					
Medicare Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			100%	100%	100%	100%			100%	100%
* Plan F also offers a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,140 in 2014 before your policy pays anything. ** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$147 in 2014), the Medigap plan pays 100% of covered services for the rest of the calendar year. *** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission. 05/01/2014 Medicare Getting Started							Out-of-pocket limit in 2014			
							\$4,940	\$2,470		

All Medigap policies cover a basic set of benefits:

- Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
- Medicare Part B coinsurance or copayment
- Blood (first 3 pints)
- Part A hospice care coinsurance or copayment

In addition, each Medigap Plan covers different benefits:

- The skilled nursing facility care coinsurance is covered by Medigap Plans C, D, F, G, K (at 50 percent), L (at 75 percent), M and N
- The Medicare Part A deductible is covered by Medigap Plans A, B, C, D, F, G, and N (at 100 percent), K and M (at 50 percent), and L (at 75 percent)
- The Medicare Part B deductible is covered by Medigap Plans C and F
- The Medicare Part B excess charges are covered by Medigap Plans F and G
- Foreign travel emergency costs up to the plan's limits are covered by Medigap Plans C, D, F, G, M, and N

*Plan F also offers a high-deductible plan in some states.

**Plans K and L have out-of-pocket limits of \$4,940 and \$2,470, respectively, in 2014.

Decision: Do I Need a Medigap Policy?

■ Consider

Maybe

- It only works with Original Medicare
- Do you have other supplemental coverage?
 - If so, you might not need Medigap
- Can you afford Medicare deductibles and copayments?
- What does the monthly Medigap premium cost?

05/01/2014

Medicare Getting Started

You need to have Original Medicare to get a Medigap policy; Medigap doesn't work with Medicare Advantage.

If you have other coverage that supplements Medicare, you might not need Medigap.

You need to consider whether you can afford Medicare deductibles and copayments, and weigh this against how much the monthly Medigap premium costs.

When Is the Best Time to Buy a Medigap Policy?

Usually during your
Medigap Open Enrollment Period

- Consider
 - Your Medigap Open Enrollment Period begins when you're 65 or older AND enrolled in Part B
 - Lasts 6 months (may vary by state)
 - You have protections – companies MUST sell you a plan
 - You can also buy a Medigap policy whenever a company agrees to sell you one
 - If later, there may be restrictions

05/01/2014

Medicare Getting Started

Usually the best time to buy a Medigap policy is during your Medigap Open Enrollment Period. It begins when you're both 65 or older and enrolled in Part B. You must also have Medicare Part A to have a Medigap policy.

You have a 6-month Medigap Open Enrollment Period that gives you a guaranteed right to buy a Medigap policy. Some states may have a longer period. Once this period starts, it can't be delayed or repeated.

During your Medigap Open Enrollment Period companies can't do the following:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem

You may want to apply for a Medigap policy before your Medigap Open Enrollment Period starts, if your current health insurance coverage ends the month you become eligible for Medicare or you reach 65 to have continuous coverage without any break.

You can also buy a Medigap policy whenever a company agrees to sell you one. However, there may be restrictions, such as medical underwriting* or a waiting period for preexisting conditions.

*Medical Underwriting - A process used by insurance companies to try to figure out your health status when you're applying for health insurance coverage to determine whether to offer you coverage, at what price, and with what exclusions or limits.

How Do I Find the Right Medigap policy for Me?

- Compare plans by computer or phone
 - Visit medicare.gov
 - Use the Medigap comparison tool
 - Call 1-800-MEDICARE (1-800-633-4227)
 - TTY users should call 1-877-486-2048
 - Call your State Health Insurance Assistance Program

05/01/2014

Medicare Getting Started

The benefits in any Medigap plan identified with the same letter are the same regardless of which insurance company you purchase your policy from. For instance, all Medigap Plan A policies offer the same benefits. Different insurance companies may charge different premiums for the same exact policy. As you shop for a policy, be sure you're comparing the same policy (for example, compare Plan A from one company with Plan A from another company).

You can find a Medigap policy in your area by computer or phone:

- Visit medicare.gov and use the Medigap comparison tool.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for free counseling to help you compare Medigap policies. You can get their telephone number by contacting 1-800-MEDICARE.

To buy a Medigap policy, follow these four steps.

1. Decide which Medigap Plan A–N has the benefits you need.
2. Find out which insurance companies sell Medigap policies in your state by calling your SHIP, your State Insurance Department, or visit medicare.gov.
3. Call the insurance companies and shop around for the best policy at a price you can afford.
4. Buy the Medigap policy. Once you choose the insurance company and the Medigap policy, apply for the policy. The insurance company must give you a clearly worded summary of your Medigap policy when you apply.

Check Your Knowledge—Question 9



If Julie is enrolled in a Medicare Advantage Plan, would she benefit from purchasing a Medigap policy?

- a. Yes
- b. No



Refer to page 67 to check your answers.

Check Your Knowledge—Question 10



Which of the following benefits are NOT covered by all Medigap policies?

- a. Part A hospice care coinsurance or copayment
- b. Medicare Part B coinsurance or copayment
- c. Answers a. and b.
- d. Medicare Part A deductible



Refer to page 68 to check your answers.

Lesson 6 – Medicare and the Marketplace

- Medicare isn't part of the Marketplace
- If you have Medicare, you're covered and don't need to do anything related to the Marketplace
- Marketplace doesn't offer Medigap or Part D plans
- It's against the law for someone who knows you have Medicare to sell you a Marketplace plan
 - Even if you only have Part A or Part B

05/01/2014

Medicare Getting Started

Medicare is not a part of the Health Insurance Marketplace. If you have Medicare, you don't have to do anything related to the Marketplace. The Marketplace doesn't change your Medicare plan choices or your benefits. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like a Health Maintenance Organization or Preferred Provider Organization), you won't have to make any changes. The Marketplace does not offer Medicare Supplement Insurance (Medigap) policies or Medicare Part D plans.

It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan. This is true even if you have only Part A or only Part B.

Medicare and the Marketplace (Continued)

- People with minimum essential coverage are covered and won't have to pay a fee
 - Part A is considered minimum essential coverage
 - Part B only is not considered minimum essential coverage
- If you retire before you're 65
 - You may use the Marketplace to buy a plan

05/01/2014

Medicare Getting Started

If you have Medicare Part A only, you are considered to have minimum essential coverage. If you have both Medicare Part A and Part B, you are also considered covered.

If you have **only** Medicare Part B, you are not considered to have minimum essential coverage. This means you may have to pay the fee that people who don't have coverage may have to pay when they file their 2014 tax return in 2015.

If you retire before you're 65, you may use the Marketplace to buy a plan that meets your needs. Depending on your income and family size, you may be able to get lower costs on your monthly premiums and out-of-pocket costs. When you apply for coverage in the Marketplace, you'll also find out if you're eligible for Medicaid. The Medicare Annual Open Enrollment period is from October 15–December 7 each year. If you turn 65 in 2014, you can get a Marketplace plan to cover you before your Medicare begins. You can then coordinate cancelling your Marketplace plan when your Medicare coverage starts to avoid a gap in coverage.

If you don't have any health coverage in 2014, you may have to pay a fee.

Marketplace and Becoming Eligible for Medicare

- You can get a Marketplace plan before your Medicare coverage begins
 - You may cancel the plan when Medicare coverage starts, or
 - You may keep the plan, but once your Part A coverage starts you won't be able to get lower costs
- Sign up for Medicare during your Initial Enrollment Period
 - Or you may have to pay a late enrollment penalty for as long as you have Medicare

05/01/2014

Medicare Getting Started

You can get a Marketplace plan to cover you before you are eligible for Medicare. You can then cancel the Marketplace plan once your Medicare coverage starts.

Once you're eligible for Medicare, you'll have an initial enrollment period (IEP) to sign up. For most people, their 7-month Medicare IEP starts 3 months before their 65th birthday and ends 3 months after their 65th birthday.

In most cases it's to your advantage to sign up when you're first eligible because:

- Once your Medicare starts, you won't be able to get lower costs for a Marketplace plan based on your income.
- If you enroll in Medicare after your IEP, you may have to pay a late enrollment penalty for as long as you have Medicare.

Once your Part A coverage starts, any premium tax credits and reduced cost-sharing you may have qualified for through the Marketplace will stop. That's because Part A is considered minimum essential coverage—not Part B.

People who don't have Medicare Part A may be eligible for premium tax credits and reduced cost-sharing. However, if they're enrolled in either Part A or Part B, they can't be sold or issued a Marketplace policy. Also, note that being eligible for Medicare isn't the critical point; it is having the coverage (effective date, i.e., entitlement date on Medicare card).

NOTE: You may have Medicare and Marketplace coverage concurrently only if you had your Marketplace coverage before you had Medicare. It's against the law for someone who knows you have Medicare to sell you a Marketplace plan.

Lesson 7 – Help for People With Limited Income and Resources

- Medicaid
- Medicare Savings Programs
- Extra Help
- Children's Health Insurance Program

05/01/2014

Medicare Getting Started

There are programs available to help people with limited income and resources pay their health care and/or prescription drug costs. These include Medicaid, Medicare Savings Programs, Extra Help, and the Children's Health Insurance Program.

What Is Medicaid?

- Federal-state health insurance program
 - For people with limited income/resources
 - Covers most health care costs
 - If you have both Medicare and Medicaid
- Eligibility determined by state
- Application processes and benefits vary
- State office names vary
 - Apply if you MIGHT qualify

05/01/2014

Medicare Getting Started

Medicaid is a program that helps pay medical costs for some people with limited income and resources. Medicaid is jointly funded by the federal and state governments and is administered by each state. It can cover pregnant women and children; aged, blind, and disabled people; and some other groups, depending on the state.

If you're eligible for both Medicare and Medicaid, most of your health care costs are covered; we sometimes refer to these people as "dually eligible." People with both Medicare and Medicaid get drug coverage from Medicare, not Medicaid. People with Medicaid may get coverage for services that aren't fully covered by Medicare, such as nursing home care and home health care.

Medicaid eligibility is determined by each state, and Medicaid application processes and benefits vary from state to state. You should contact your state Medical Assistance office to see if you qualify.

You should apply if you think you MIGHT qualify. For more information or to apply, you can:

- Get the phone number by visiting medicare.gov/contacts or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 (medicaid.gov).
- Call your State Health Insurance Assistance Program.
- Call or visit your state Medical Assistance office.

What Are Medicare Savings Programs?

- Help from Medicaid paying Medicare costs
 - Pay Medicare premiums
 - May pay Medicare deductibles and coinsurance
- Often higher income and resources amount than for Medicaid
- Income amounts change each year
- Some states offer their own programs

05/01/2014

Medicare Getting Started

Medicare Savings Programs provide help from Medicaid paying Medicare costs, including Medicare premiums, deductibles, and/or coinsurance. Medicare Savings Programs often have higher income and resource guidelines than full Medicaid. The income and resource guidelines may change each year.

In most cases, to qualify for a Medicare Savings Program in 2014, you must have the following:

- Part A
- Monthly income less than \$1,333 and resources less than \$7,160—one person
- Monthly income less than \$1,790 and resources less than \$10,750—married and living together

Many states figure your income and resources differently, so you may qualify in your state even if your income or resources are higher than the amounts listed above. If you have income from working, you may qualify for benefits even if your income is higher than the limits above.

Please see the next slide for more information about the income guidelines for Medicare Savings Programs.

NOTE: Resources include money in a checking or savings account, stocks, bonds, mutual funds, and Individual Retirement Accounts. Resources don't include your home, car, burial plot, burial expenses up to your state's limit, furniture, or other household items. Some states don't have any limits on resources.

Who Can Qualify for Medicare Savings Program?

Medicare Savings Program	Individual monthly income limit (2014)	Married couple monthly income limit (2014)	Helps pay your
Qualified Medicare Beneficiary	\$993	\$1,331	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary	\$1,187	\$1,593	Part B premiums only
Qualified Individual	\$1,333	\$1,790	Part B premiums only
Qualified Disabled & Working Individuals	\$3,975	\$5,329	Part A premiums only

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Medicare Getting Started

If you qualify for the Qualified Medicare Beneficiary (QMB) program, you get help paying your Part A and Part B premiums, deductibles, coinsurance, and copayments. To qualify for QMB you must be eligible for Medicare Part A, and have an income not exceeding 100 percent of the Federal Poverty Level (FPL). This will be effective the first month following the month QMB eligibility is approved. Eligibility can't be retroactive. To qualify for the Specified Low-income Medicare Beneficiary (SLMB) program, you must be eligible for Medicare Part A and have an income that is at least 100 percent, but doesn't exceed 120 percent of the FPL. If you qualify for SLMB, you get help paying for your Part B premium.

To qualify for the Qualified Individual (QI) program, which is Federally-funded, you must be eligible for Medicare Part A, and have an income not exceeding 135 percent of the FPL. If you qualify for QI, and there are still funds available in your state, you get help paying your Part B premium. Congress only appropriated a limited amount of funds to each state.

To qualify for the Qualified Disabled and Working Individual program, you must be entitled to Medicare Part A because of a loss of disability-based Part A due to earnings exceeding Substantial Gainful Activity; have an income not higher than 200 percent of the FPL, and resources not exceeding twice maximum for Supplemental Security Income (\$4,000 for an individual and \$6,000 for married couple in 2014); and not be otherwise eligible for Medicaid. If you qualify, you get help paying your Part A premium. If your income is between 150 percent and 200 percent of the FPL, the state can ask you to pay a part of the Medicare Part A premium.

In 2014, the resource limits for the QMB, SLMB, and QI programs are \$7,160 for a single person and \$10,750 for a married person living with a spouse and no other dependents. These resource limits are adjusted on January 1 of each year, based upon the change in the annual consumer price index since September of the previous year.

What Is Extra Help?

- Help paying Part D prescription drug costs
- Social Security or state makes determination
- You automatically qualify if you get
 - Both Medicare and full Medicaid
 - Supplemental Security Income only
 - Help from Medicare Savings Programs
- You or someone on your behalf can apply

05/01/2014

Medicare Getting Started

People with Medicare who have limited income and resources may be able to get Extra Help with the costs of Medicare prescription drug coverage. You may qualify for Extra Help, also called the low-income subsidy, if your yearly income and resources are below these limits in 2014:

- Single person - income less than \$17,505 and resources less than \$13,440
- Married person living with a spouse and no dependents - income less than \$23,595 and resources less than \$26,860

These amounts may change each year. You may qualify even if you have a higher income (e.g., if you still work, live in Alaska or Hawaii, or have dependents living with you).

If you qualify for Extra Help and join a Medicare drug plan, you'll get help paying your Medicare drug plan's monthly premium, yearly deductible, coinsurance, and copayments. You'll also have no coverage gap or late enrollment penalty.

Certain groups of people automatically qualify for Extra Help and don't have to apply, including:

- People with Medicare and full Medicaid benefits (including prescription drug coverage)
- People with Medicare who get Supplemental Security Income only
- People who get help from Medicaid paying their Medicare premiums (Medicare Savings Programs)

All other people with Medicare must apply for Extra Help. You can apply by filling out a paper application, applying at socialsecurity.gov, or by contacting your state Medical Assistance office.

What Is the Children's Health Insurance Program (CHIP)?

- Jointly financed by the Federal and state governments
 - Administered by each state
- Covers uninsured children up to age 19 and may cover pregnant women
 - Family income too high for Medicaid
- Must be a United States citizen
 - Or certain non-citizens lawfully residing in United States

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Medicare Getting Started

The Children's Health Insurance Program (CHIP) was created as part of the Balanced Budget Act of 1997. CHIP provides low-cost health insurance coverage to children in families who earn too much income to qualify for Medicaid, but not enough to buy private health insurance. Each state has its own program, with its own eligibility rules. The Children's Health Insurance Program Reauthorization Act of 2009 gives states the option to provide coverage to targeted low-income pregnant women under the CHIP state plan if certain conditions are met. Infants born to these women are automatically eligible for Medicaid or CHIP, through age one. States may choose to apply presumptive eligibility to these pregnant women under CHIP. It is a state option to cover lawfully residing children and/or pregnant women (remove the 5-year waiting period).

CHIP is jointly financed by the federal and state governments and is administered by the states. Within broad federal guidelines, each state determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. Each state has the option to expand Medicaid, create a stand-alone program, or create a combination program.

You must be a U.S. citizen or certain non-citizen who is lawfully residing in the United States to qualify.

Families that don't currently have health insurance are likely to be eligible, even if the parent(s) are working. This depends, though, on the type and scope of health insurance.



Need more information?

Visit insurekidsnow.gov for more information.

Decision: Should I Apply?

- Apply if you MIGHT qualify
- Your State Health Insurance Assistance Program (SHIP) can help you

Yes

05/01/2014

Medicare Getting Started

You should apply for these programs if you have limited income and resources. Even if you're not sure you qualify, you should apply.

Need more information?

If you need help, visit [medicare.gov/contacts](https://www.medicare.gov/contacts), or call 1-800-MEDICARE to get the contact information for your State Health Insurance Assistance Program.

TTY users should call 1-877-486-2048.

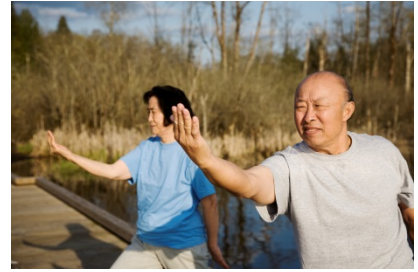


Check Your Knowledge—Question 11



Match the program with its description:

- a. Extra Help
- b. Medicaid
- c. Children's Health Insurance Program (CHIP)
- d. Medicare Savings Program



_____ This program provides low-cost health insurance coverage to children in families who earn too much income to qualify for Medicaid, but not enough to buy private health insurance.

_____ This program provides help from Medicaid paying Medicare costs, including Medicare premiums, deductibles, and/or coinsurance; often has higher income and resource guidelines than full Medicaid.

_____ This program helps people with limited income and resources with the costs of Medicare prescription drug coverage. Also called low-income subsidy.

_____ This program helps pay medical costs for some people with limited income and resources; it is jointly funded by the federal and state governments and is administered by each state.



Refer to page 68 to check your answers.

Lesson 8 – What Resources are Available to Help?

- Medicare website
 - medicare.gov
- Medicaid website
 - medicaid.gov
- Social Security website
 - socialsecurity.gov
- Health Insurance Marketplace website
 - healthCare.gov
- Insure Kids Now website
 - insurekidsnow.gov

05/01/2014

Medicare Getting Started

There are a variety of resources available to help you learn more and answer any questions, including the following:

- Medicare website
 - medicare.gov
- Medicaid website
 - medicaid.gov
- Social Security website
 - socialsecurity.gov
- Health Insurance Marketplace website
 - healthcare.gov
- Insure Kids Now website
 - insurekidsnow.gov

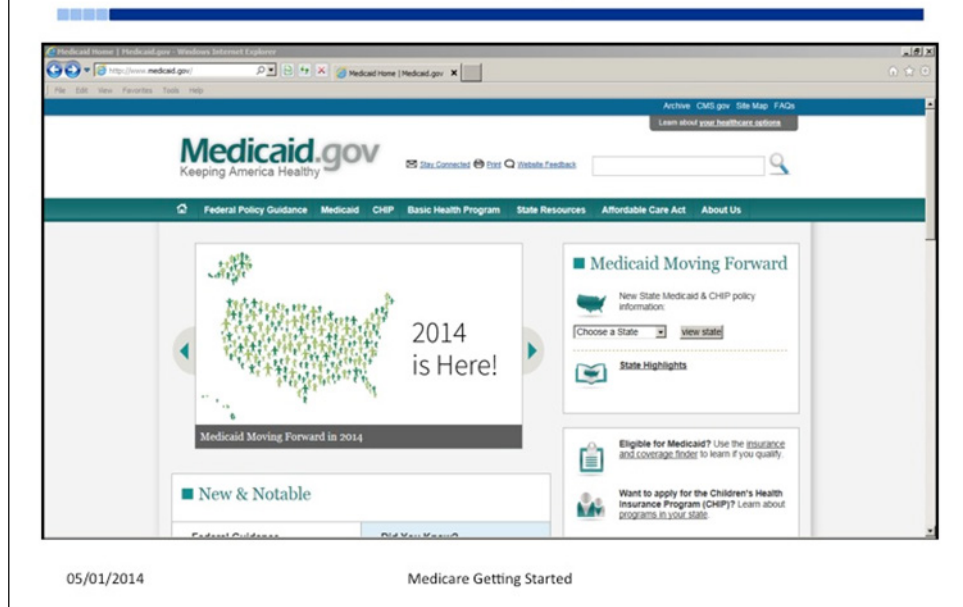


The official U.S. Government site for people with Medicare is medicare.gov. The website is primarily intended for beneficiaries and caregivers. Using the Medicare website, you can:

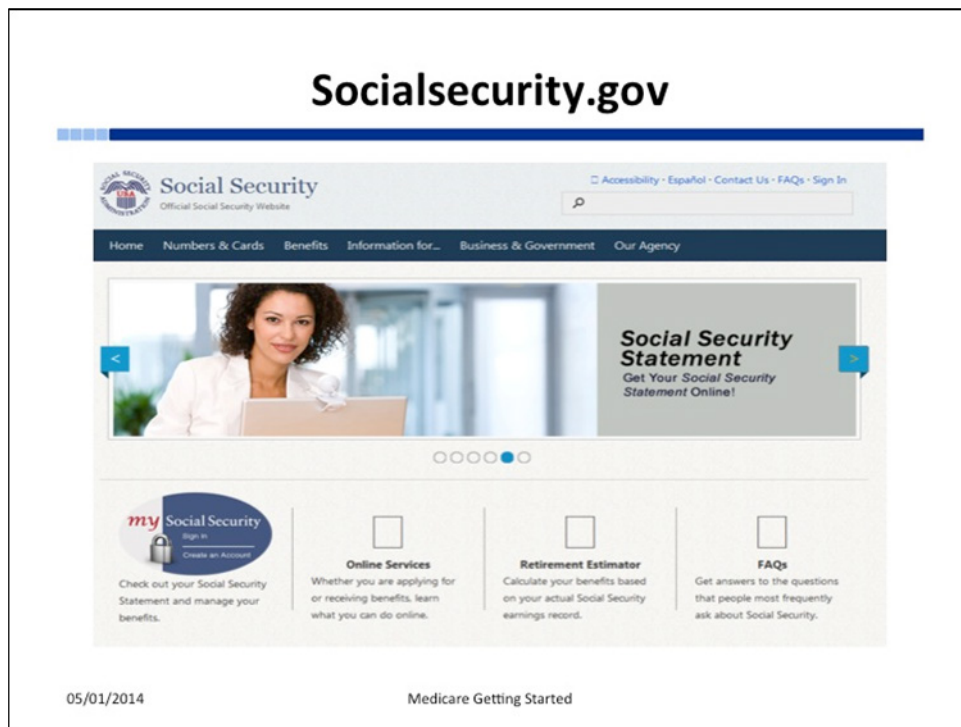
- Compare Medicare health and drug plans.
- Find a doctor, provider or supplier.
- Compare the quality of health care providers.
- Order publications or read them online.
- Find useful websites, phone numbers, and resources.
- Sign up for mymedicare.gov, an optional, free, and secure site designed to help you check the status of your eligibility, enrollment, and other Medicare benefits. It also allows you to access your claims information almost immediately after it is processed by Medicare and provides you with preventive health information 24 hours a day, 7 days a week. From the homepage, click on the Find Drug and Health Plans link to go to the Medicare Plan Finder homepage. Using this tool, you can find and compare the Medicare health and drug plans in your area.

If you want personalized help choosing a Medicare health or drug plan, contact your State Health Insurance Assistance Program. You can find their telephone number on medicare.gov under Forms, Help, and Resources.

Medicaid.gov



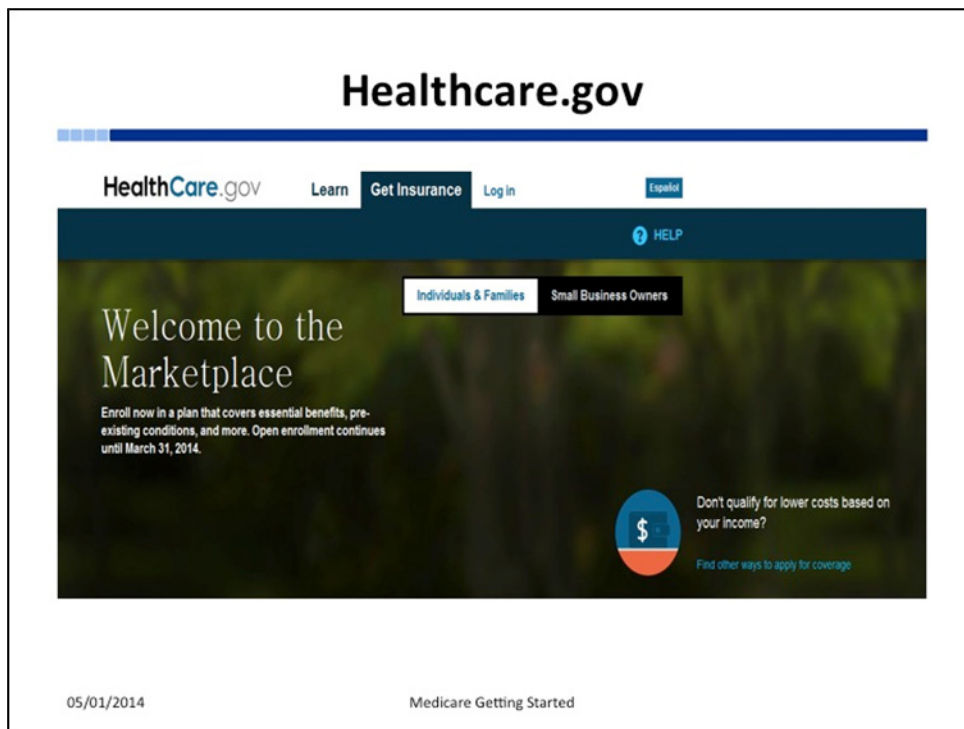
The official U.S. Government site for information on Medicaid and Children's Health Insurance Program is [medicaid.gov](http://www.medicaid.gov) (that also includes state-specific resources).



The official U.S. Government site for Social Security is [socialsecurity.gov](https://www.socialsecurity.gov). Many of the links you may need are located on the left side of the page, in the Top Services section. For instance, there are links to apply for benefits, get a Social Security card, get forms or publications, and sign up to get your Social Security Statement online.

You can also access useful web tools by clicking on the Medicare tab at the top of the Social Security Administration homepage. Once on the Medicare page, you can apply for Medicare benefits, apply for Extra Help, check the status of your Extra Help application, or replace a lost, stolen, or damaged Medicare card.

- **Applying for Medicare** - Completing an application takes between 10 and 30 minutes, depending on the number of questions you need to answer. You can save your application as you go, so you can take a break and return at any time.
- **Applying for Extra Help** - The application doesn't have to be completed all at once. After you fill in your name and address, you will get a Reentry Number. You'll be able to stop working on the application whenever you want, and then use this Reentry Number to come back. When you've completed the application, you'll get a summary of the information you entered. You can make any necessary changes prior to submission.
- **Replacing a Medicare Card** - If your Medicare card is lost, stolen, or damaged, you can ask for a new one at this website. Your Medicare card will arrive in the mail in about 30 days. It will be mailed to the address Social Security has on file for you. If you need proof that you have Medicare sooner than 30 days, you also can request a letter, which you'll get in about 10 days. If you need proof immediately for your doctor or for a prescription, visit your local Social Security office.



If you have friends or family who don't have, or can't afford health insurance, go to healthcare.gov for information about the Health Insurance Marketplace. Through one streamlined application process you can learn about the programs they may qualify for:

- Find out about available insurance options
- Get help using insurance
- Learn about the health care law

Reminder: Medicare isn't part of the Marketplace.

For More Information

- Medicare & You Handbook
- 1-800-MEDICARE (1-800-633-4227)
 - TTY users should call 1-877-486-2048
- Your State Health Insurance Assistance Program
- CMS National Training Program
 - cms.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html

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Medicare Getting Started

The “Medicare & You Handbook” is mailed to each household with Medicare each fall. It includes a list of the Medicare health and drug plans available in your area.

The Medicare helpline is open 24 hours a day, including weekends. Call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

You can also contact your State Health Insurance Assistance Program (SHIP) to get personalized counseling about choosing coverage. SHIPs are state programs that get money from the federal government to give local health insurance counseling to people with Medicare. SHIPs aren’t connected to any insurance company or health plan. SHIP volunteers help with Medicare questions or concerns about your Medicare rights; billing problems; and complaints about your medical care or treatment, plan choices, and how Medicare works with other insurance.

Need more information?

Visit medicare.gov/contacts, or call 1-800-MEDICARE to get the contact information for the SHIP in your state.

Partners can find information from the CMS National Training Program at cms.gov/outreach-and-education/training/cmsnationaltrainingprogram.



Key Points to Remember

- ✓ Medicare is a health insurance program
- ✓ It doesn't cover all of your health care costs
- ✓ You have choices in how you get coverage
- ✓ There are programs for people with limited income and resources
- ✓ Important
 - Decisions affect type of coverage you get
 - Certain decisions are time-sensitive
 - Get help if you need it

05/01/2014

Medicare Getting Started

Here are some key points to remember:

- ✓ Medicare is a health insurance program.
- ✓ It doesn't cover all of your health care costs.
- ✓ You have choices in how you get your coverage.
- ✓ There are programs for people with limited income and resources.
- ✓ You have choices to make. It's important to know when you need to take action. Your decisions affect the type of coverage you get. Certain decisions are time-sensitive.
- ✓ There is help available if you need it.

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CMS National Training Program (NTP)
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cmsnationaltrainingprogram](https://cms.gov/outreach-and-education/training/cmsnationaltrainingprogram).

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To view all available CMS NTP materials or to subscribe to our email list, visit cms.gov/outreach-and-education/training/cmsnationaltrainingprogram.

Check Your Knowledge Answer Key



Question 1 (page 11)

Which agencies are responsible for Medicare enrollment?

Answer: d

d. The Social Security Administration and the Railroad Retirement Board (for Railroad retirees) enroll people in Medicare.

Question 2 (page 12)

There are four parts of Medicare. Match the part to the appropriate description.

Answer:

- a. **Part A.** Hospital Insurance
- b. **Part B.** Medical Insurance
- c. **Part C.** Medicare Advantage Plans
- d. **Part D.** Medicare Prescription Drug Coverage

Question 3 (page 24)

Which is not covered under Medicare Part B?

Answer: b

- b. **Skilled nursing facility care** is covered under Medicare Part A.

Question 4 (page 25)

Everyone who gets Part B pays the same monthly premium.

Answer: b

- b. **False.** Most people will pay the standard premium amount; however, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more.

Question 5 (page 30)

When can you enroll in a Medicare Advantage Plan?

Answer: d

- a. During your 7-month Initial Enrollment Period
- b. During an Open Enrollment Period
- c. During a Special Enrollment Period if you qualify
- d. All of the above
- e. None of the above

d. All of the above.

Question 6 (page 31)

If you enroll in a Medicare Advantage (MA) Plan, you are no longer considered to be in the Medicare program.

Answer: b

b. False. If you enroll in a MA Plan, you are still in Medicare with all rights and protections.

Question 7 (page 38)

You will automatically be enrolled in Medicare Part D when you turn 65.

Answer: b

b. False. Medicare Part D is optional. In most cases, if you want Part D coverage, you must enroll in a Medicare drug plan or Medicare Advantage Plan with prescription drug coverage.

Question 8 (page 39)

Where can you get help finding a Medicare Prescription Drug Plan? Select the answer that does NOT apply.

Answer: a

a. Call Social Security. Social Security can't help you find a Medicare Prescription Drug Plan in your area. You can use the Medicare Plan Finder at [medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan), call 1-800-MEDICARE, or call your SHIP to get help finding a Medicare Prescription Drug Plan in your area.

Question 9 (page 45)

If Julie is enrolled in a Medicare Advantage (MA) Plan, would she benefit from purchasing a Medigap policy?

Answer: b

b. No. Medigap doesn't work with MA.

Question 10 (page 46)

Which of the following benefits are NOT covered by all Medigap policies?

Answer: d

d. Medicare Part A deductible. All Medigap policies cover Medicare Part A hospice care coinsurance or copayment and Medicare Part B coinsurance and copayment. Medicare Part A deductible is covered under some Medigap policies, but not all.

Question 11 (page 57)

Match the program with its description:

Answer:

a. Extra Help. This program helps people with limited income and resources with the costs of Medicare prescription drug coverage. Also called low income subsidy.

b. Medicaid. This program helps pay medical costs for some people with limited income and resources; it is jointly funded by the federal and state governments and is administered by each state.

c. CHIP. This program provides low-cost health insurance coverage to children in families who earn too much income to qualify for Medicaid, but not enough to buy private health insurance.

d. Medicare Savings Program. This program provides help from Medicaid paying Medicare costs, including Medicare premiums, deductibles, and/or coinsurance; often has higher income and resource guidelines than full Medicaid.

Acronyms

ALS	Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
FPL	Federal Poverty Level
HMO	Health Maintenance Organization
HSA	Health Savings Account
IEP	Initial Enrollment Period
IRS	Internal Revenue Service
MA	Medicare Advantage
NTP	National Training Program
PACE	Programs of All-Inclusive Care for the Elderly
PFFS	Private Fee-For-Service
POS	Point of Service
PPO	Preferred Provider Organization
QI	Qualified Individual
QMB	Qualified Medicare Beneficiary
RRB	Railroad Retirement Board
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Program
SLMB	Specified Low-income Medicare Beneficiary
SNF	Skilled Nursing Facility
SNP	Special Needs Plans
SSA	Social Security Administration
TTY	Teletypewriter/Text Telephone
VA	U.S. Department of Veterans Affairs

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Website: cms.gov/outreach-and-education/training/cmsnationaltrainingprogram

Email: training@cms.hhs.gov

Centers for Medicare & Medicaid Services

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